

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	1						51
2		1					52
3		1					53
4	1						54
5		1					55
6		1					56
7	1						57
8		1					58
9		1					59
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43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep							Total Indep
Total Depend							Total Depend
Total Claims							Total Claims